



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**AMENDMENT "B" ACCOMPANYING THE FILING
OF A REQUEST FOR CONTINUED EXAMINATION**

APPLICANT:	Heismann et al	GROUP ART UNIT: 2841
SERIAL NO.:	10/085,302	EXAMINER: T. Dinh
FILED:	February 28, 2002	CONFIRMATION NO.: 7544
INVENTION:	"PRINTED CIRCUIT BOARD ARRANGEMENT"	

Mail Stop RCE
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

S I R:

Prior to examination, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

TELEPHONE (312) 258-5781

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of: Heismann et al

Serial No.: 10/085,302

GROUP ART UNIT: 2841

Filed: February 28, 2002

EXAMINER: T. Dinh

For: "PRINTED CIRCUIT BOARD ARRANGEMENT" CONFIRMATION NO.: 7544

AMENDMENT "B" ACCOMPANYING FILING OF RCE

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	**20	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	* 2	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated ____ for ____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5781.

SCHIFF HARDIN LLP (Customer Number: 26574)

BY James D. Hobart (24,149)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on January 19, 2005.

James D. Hobart

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

January 19, 2005

DATE